

# CLINICAL PRIVILEGES – FAMILY PRACTICE AND PRIMARY CARE PHYSICIANS

**AUTHORITY:** Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

**PRINCIPAL PURPOSE:** To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

**ROUTINE USE:** Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

**DISCLOSURE IS VOLUNTARY:** However, failure to provide information may result in the limitation or termination of clinical privileges.

## INSTRUCTIONS

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. *(Make all entries in ink.)*

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form. Forward the form to the Credentials Function. *(Make all entries in ink.)*

**CODES:**

1. Fully competent within defined scope of practice. *(Clinical oversight of some allied health providers is required as defined in AFI 44-119.)*
2. Supervision required. *(Unlicensed/uncertified or lacks current relevant clinical experience.)*
3. Not approved due to lack of facility support. *(Reference facility master privileges list.)*
4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

**CHANGES:** Any change to a verified/approved privileges list must be made in accordance with AFI 44-119.

NAME OF APPLICANT (Last, First, Middle Initial)

NAME OF MEDICAL FACILITY

## I. LIST OF CLINICAL PRIVILEGES – FAMILY PRACTICE AND PRIMARY CARE PHYSICIANS

Requested	Verified		Requested	Verified	
		<b>A. CORE PRIVILEGES</b>			<b>(3) Complicated pediatric problems (continued)</b>
		<b>1. OUTPATIENT</b>			<b>(a) Serious infections (meningitis, pneumonia, septic arthritis, etc.)</b>
		<b>a. Pediatrics</b>			<b>(b) Fluid and electrolyte problems</b>
		(1) Well-child care			<b>(c) Neonatal sepsis</b>
		(2) Office pediatric problems			<b>(d) Mild neonatal respiratory distress</b>
		<b>b. Obstetrics</b>			<b>(e) Status asthmaticus</b>
		(1) Uncomplicated prenatal care			<b>b. Obstetrics</b>
		(2) Threatened abortion			(1) Routine uncomplicated labor
		(3) Complicated (high risk) prenatal outpatients with appropriate consultation from staff obstetrician			(2) Complicated obstetrical problems using appropriate consultation with staff obstetricians when clinically indicated
		<b>c. Gynecology</b>			
		(1) Office gynecologic care			<b>(a) Preeclampsia and eclampsia</b>
		<b>d. Internal Medicine and Medicine Subspecialties</b>			<b>(b) Chronic hypertension</b>
		(1) Office adult internal medicine			<b>(c) Premature labor</b>
		(2) Office neurologic problems			<b>(d) Premature rupture of membranes</b>
		(3) Office dermatologic problems not including psoriasis, actinic keratoses, or malignant skin tumors			<b>(e) Prolapsed umbilical cord</b>
		(4) Uncomplicated psoriasis and actinic keratosis			<b>(f) Fetal distress syndrome</b>
		<b>e. Surgery and Surgical Subspecialties</b>			<b>(g) Arrest of labor</b>
		(1) Office orthopedic problems			<b>(h) Postpartum hemorrhage</b>
		(2) Office otorhinolaryngologic problems			<b>(i) Postpartum endometritis</b>
		(3) Office ophthalmologic problems not including iritis and glaucoma			<b>(j) Third trimester bleeding</b>
		<b>f. Behavioral Health</b>			<b>(k) Hyperemesis gravidarum</b>
		(1) Office behavioral problems, including crisis intervention and short-term individual, family, and marital counseling			<b>(l) Pyelonephritis and other UTIs</b>
		<b>2. INPATIENT</b>			<b>(m) Amnionitis</b>
		<b>a. Pediatrics</b>			<b>(n) Intrauterine fetal death</b>
		(1) Uncomplicated inpatient pediatric problems			<b>c. Gynecology</b>
		(2) Routine care of the newborn			(1) Complicated inpatient gynecologic problems using appropriate consultation with staff gynecologists when clinically indicated
		(3) Complicated pediatric problems using appropriate consultation with staff pediatricians when clinically indicated			<b>(a) Acute pelvic inflammatory disease</b>
					<b>(b) Incomplete abortion</b>
					<b>d. Internal Medicine and Medicine Subspecialties</b>
					(1) Uncomplicated adult internal medicine problems, not including ICU or CCU care
					(2) Uncomplicated inpatient neurologic problems

I. LIST OF CLINICAL PRIVILEGES – FAMILY PRACTICE AND PRIMARY CARE PHYSICIANS (Continued)					
Requested	Verified		Requested	Verified	
		d. Internal Medicine and Medicine Subspecialties (continued)			b. Dermatology (continued)
		(3) Complicated adult internal medicine problems using appropriate consultation when clinically indicated:			(2) Simple laceration repair
		(a) Acute myocardial infarction not accompanied by serious cardiac decompensation or serious arrhythmia			(3) Simple abscess incision and drainage
					(4) Excision of skin and subcutaneous lesions felt to be non-malignant
		(b) Congestive heart failure			(5) Excision of skin tumors felt to be malignant ( <i>basal cell carcinoma, squamous cell carcinoma</i> )
		(c) Diabetic ketoacidosis			c. Internal Medicine
		(d) Serious fluid and electrolyte abnormalities			(1) Lumbar puncture
		(e) Status asthmaticus			(2) Thoracentesis
		(f) Acute gastrointestinal bleeding			(3) Sigmoidoscopy with biopsy
		(g) Chronic obstructive pulmonary disease with respiratory decompensation not requiring ventilator support			(4) Bone marrow aspiration and biopsy
					(5) Stress electrocardiography ( <i>treadmill</i> )
		(h) Serious infections (meningitis, pneumonia, sepsis, etc.)			d. Pediatrics
		(i) Undiagnosed anemias			(1) Suprapubic bladder aspiration
		(j) Uremia			(2) Neonatal circumcision
		(k) Severe drug overdose			(3) Umbilical artery catheterization
		(l) Alcohol withdrawal syndromes			(4) Umbilical vein catheterization
		(m) Bleeding and coagulation disorders			(5) Intubation
		(n) Blood dyscrasias			e. Surgical and Surgical Subspecialties
		(o) Hypertensive crises			(1) Bladder catheterization
		(4) Complicated adult neurologic problems with appropriate consultation with staff neurologists when clinically indicated			(2) Removal of ocular foreign body
		(a) Status epilepticus			(3) Removal of nasal foreign body
		(b) Cerebrovascular accident (CVA)			(4) Vasectomy
		(c) Coma of undetermined etiology			(5) Arthrocentesis
		e. Surgery and Surgical Subspecialties			(6) Closed reduction of simple fractures and dislocations
		(1) Uncomplicated musculoskeletal problems ( <i>muscle spasms, strains, back pain, etc.</i> )			f. Obstetrics
		(2) Uncomplicated urologic problems ( <i>epididymitis, prostatitis, pyelonephritis, bleeding and other complications of vasectomy</i> )			(1) Routine vaginal delivery without the use of forceps or vacuum
		(3) Management of spontaneous pneumothorax without serious respiratory compromise with appropriate consultation with a general or thoracic surgeon when clinically indicated			(2) Manual extraction of the placenta
		(4) First assist at major surgical procedures			(3) Outlet vacuum delivery
		3. PROCEDURES			(4) Induction of labor
		a. Emergency			(5) Limited obstetric ultrasound ( <i>fetal position, fetal cardiac activity, etc.</i> )
		(1) Basic life support (BLS)			g. Gynecology
		(2) Advanced cardiac life support (ACLS)			(1) Perform Papanicolaou (Pap) smears
		(3) Cryothyroidotomy			(2) Endometrial biopsy
		(4) Tube thoracostomy ( <i>chest tube</i> )			(3) Cervical biopsy
		(5) Endotracheal intubation			(4) Intrauterine device (IUD) insertion/removal
		(6) Central venipuncture and catheterization			B. SUPPLEMENTAL PRIVILEGES
		(7) Insertion of arterial line			1. OUTPATIENT
		(8) Cardioversion of life threatening arrhythmia			a. Other ( <i>Specify</i> )
		b. Dermatology			2. INPATIENT
		(1) Punch biopsy			a. Other ( <i>Specify</i> )
					3. PROCEDURES
					a. Emergency
					(1) Venous cutdown
					(2) Tracheostomy
					(3) Other ( <i>Specify</i> )

I. LIST OF CLINICAL PRIVILEGES – FAMILY PRACTICE AND PRIMARY CARE PHYSICIANS <i>(Continued)</i>					
Requested	Verified		Requested	Verified	
		<b>3. PROCEDURES (continued)</b>			<b>3. PROCEDURES (continued)</b>
		<b>b. Dermatology</b>			<b>e. Obstetrics</b>
		(1) Repair of skin laceration involving more than one layer of closure			(1) Repair of cervical, vaginal, and fourth degree perineal lacerations following delivery
		(2) Other <i>(Specify)</i>			(2) Low forceps delivery
		<b>c. Internal Medicine</b>			(3) Other <i>(Specify)</i>
		(1) Paracentesis			<b>f. Gynecology</b>
		(2) Colonoscopy			(1) Colposcopy
		(3) Other <i>(Specify)</i>			(2) Cervical biopsy
		<b>d. Surgery and Surgical Subspecialties</b>			(3) Vaginal diaphragm fitting
		(1) Nasolaryngoscopy			(4) Other <i>(Specify)</i>
		(2) Management of fingertip amputation			
		(3) Posterior nasal pack			<b>C. OTHER <i>(Specify)</i></b>
		(4) Breast mass aspiration			1.
		(5) Other <i>(Specify)</i>			2.
					3.
SIGNATURE OF APPLICANT					DATE

  

II. CLINICAL SUPERVISOR'S RECOMMENDATION	
<input type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION <i>(Specify below)</i>
<div style="float: right; width: 33%; text-align: right;"> <input type="checkbox"/> RECOMMEND DISAPPROVAL  <i>(Specify below)</i> </div>	
SIGNATURE OF CLINICAL SUPERVISOR (Include typed, printed, or stamped signature block)	
DATE	